

 Department of Veterans Affairs		ACTION ON REQUEST UNDER FREEDOM OF INFORMATION ACT		1. DATE REQUEST RECEIVED	
2. NAME AND ADDRESS OF REQUESTER (No. and Street, City, State and ZIP Code)				3. DATE REQUEST ACKNOWLEDGED	
				4. DATE OF REPLY	
5A. DATE OF REQUEST FOR EXTENSION		5B. REASON FOR EXTENSION			
6. TITLE OR DESCRIPTION OF RECORD(S) REQUESTED (If a claimant record is involved, cite name of veteran, File No., location of record(s))					
7. ACTION ON REQUEST <input type="checkbox"/> GRANTED IN FULL <input type="checkbox"/> DENIED <input type="checkbox"/> PARTIAL GRANT <input type="checkbox"/> AWAITING PAYMENT OF FEE <input type="checkbox"/> NO INFORMATION AVAILABLE <input type="checkbox"/> RETURNED FOR ESSENTIAL INFORMATION <input type="checkbox"/> REFERRED TO					
8. REASON(S) FOR DENIAL OR PARTIAL DENIAL (Cite specific authority. If additional space is required, continue on reverse.)					
9. TYPE OF REQUEST (Check one)				10. FEES COLLECTED	11. COST OF PROCESSING THIS REQUEST
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> NEWS MEDIA <input type="checkbox"/> ALL OTHER				\$	\$
FOR CO USE ONLY	RECORD OF APPEAL	12. DATE RECEIVED	13. DATE OF REPLY	14. EXTENSION DATE	15. DATE OF FINAL REPLY
		16. ACTION ON APPEAL <input type="checkbox"/> GRANTED IN FULL <input type="checkbox"/> PARTIAL DENIAL (Cite authority) <input type="checkbox"/> DENIAL SUSTAINED (Cite authority)			
17. NAME AND TITLE OF RESPONSIBLE VA OFFICIAL					